



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT B

APPLICANT(S): Hans-Erich REINFELDER et al CONFIRMATION NO.: 9129  
SERIAL NO.: 09/773,949 GROUP ART UNIT: 3621  
FILED: February 1, 2001 EXAMINER: D. L. Greene  
INVENTION: "SOFTWARE ICS OR PALS FOR HIGH LEVEL  
APPLICATION FRAMEWORKS"

Commissioner of Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

SIR:

In response to the Office Action dated April 13, 2004, the following is  
submitted:

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SEP 21 2004  
GROUP 3600

41  
TELEPHONE (312) 258-5500  
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**SCHIFF HARDIN LLP**

PATENT DEPARTMENT  
6600 SEARS TOWER  
233 SOUTH WACKER DRIVE  
CHICAGO, ILLINOIS 60606

GAU 3621

In re application of: Hans-Erich Reinfelder et al

CONFIRMATION NO.: 9129

Serial No.: 09/773,949

GROUP ART UNIT: 3621

Filed: February 1, 2001

EXAMINER: D. L. Greene

For: "SOFTWARE ICS OR PALS FOR HIGH LEVEL APPLICATION FRAMEWORKS"

**AMENDMENT A**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	18*	MINUS	20	X	( ) X 9.00 ( ) X 18.00	
INDEP. CLAIMS	6*	MINUS	6	X 7	( ) X 40.00 ( ) X 80.00	
Application amended to contain any multiple dependent claims not previously paid for.				( ) YES ( ) NO	( ) \$135.00 ( ) \$270.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						<b>\$560.00</b>

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

■ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated April 13, 2004 for 2 months so that the period for response is extended to September 13, 2004. A check in the amount of \$420.00 is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

■ A check in the amount of \$ 420.00 is attached.

☐ A check for \$ \_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ \_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

■ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY

*Brett A. Valiquet* (Reg. #27,841)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on September 13, 2004.

Brett A. Valiquet  
NAME OF APPLICANT'S ATTORNEY

SIGNATURE

September 13, 2004

DATE

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